PROGRAM ASSESSMENT PLANNING FORM

Program to be assessed:

Title: **Program: Heating, Ventilation, Air Conditioning, and Refrigeration - Residential**
Division: **VCT**   Department: **WAF/HVAC**   Code: ~~CVHVAM~~ **CTHVRR**

Type of Award: ☐ A.A.   ☐ A.S   ☐ A.A.S.
                  ☒ Cert.   ☐ Adv. Cert. ☐ Post-Assoc. Cert.   ☐ Cert. of Completion

Assessment plan:

Learning outcomes to be assessed	Assessment tool	When assessment will take place	Describe population to be assessed	Number of students to be assessed
Recall principles of electricity.	The ESCO Institute's commercial electricity competency test.	Winter 2011 and every three years thereafter.	All program graduates	All program graduates
Recall principles of Residential gas furnaces.	The ESCO Institute's Residential gas furnaces competency test.	Winter 2011 and every three years thereafter.	All program graduates	All program graduates
Recall principles of residential air conditioning systems.	The ESCO Institute's residential air conditioning systems competency test.	Winter 2011 and every three years thereafter.	All program graduates	All program graduates

Scoring and analysis of assessment:

1. Indicate how the above assessment(s) will be scored and evaluated (e.g. departmentally developed rubric, external evaluation, other). Attach the rubric/scoring guide.
    *   **Outcome one, two, and three will be scored by the ESCO Institute.**

2. Indicate the standard of success to be used for this assessment.
    *   **70% of students should achieve a score of 70% or higher on the ESCO competency exam.**

3. Indicate who will score and analyze the data (data must be blind-scored).
    *   **The ESCO competency exam is scored by the ESCO institute; data is analyzed through their database and available to the faculty of the HVAC Department.**

4. Explain the process for using assessment data to improve the program.
    *   **Faculty teaching in the HVAC program will review the results for strengths and weaknesses. Ideas will be generated to address the areas of weakness.**

Submitted by:

Name: _Leslie Pulling_____   Date: _July 10, 2008_
   Print/Signature
Dept. Chair: _____   Date: _7/16/08_
   Print/Signature
Dean: _____   Date: _7/16/08_
   Print/Signature

Please return completed form to the Office of Curriculum & Assessment, SC 247.

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Office of Curriculum & Assessment
Approved by the Assessment Committee 10/10/06   Program Assessment Planning Form.doc
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